CITY OF SAINT PAUL DIVISION OF PARKS AND RECREATION MUNICIPAL ATHLETICS 1500 N. RICE STREET SAINT PAUL, MN 55117

TEAM NAME			L	EAGUE NAME_	St. Paul P&R	NIGHT OF PLAY Monday's		
SPORT	Adult Volley	yball ADULT:	MEN	WOMEN	CO-REC	FIELD/LOCATION S	SITE: Washington Tech.	
	ers can be e-ma	iled to: muni@ci.stpaul.r All players must have a M *Additions or sub	nn.us, fax: innesota D tractions m	: 651-558-2237, or Priver's License I.D may be made until 2	nitted by team MANAGERS US postal/in person to: Mun ., bordering State I.D., Military 4 hours prior to the start of the rior to the halfway point of the	icipal Athletics, 1500 R picture I.D., or Compan second half of the league	y picture I.D. e schedule.	;ame.
MANAGER	 'S NAME			ADDRESS			PHONE	
CITY & ZIP)		**MAN	AGER'S E-MAIL	ADDRESS		Home/Work	
PLAYERS I	LISTED BELO	W ARE MEMBERS OF	THIS TEA	AM AND ARE EI	IGIBLE PARTICIPANTS. M	anager's Signature		
PLEASE PI	RINT CLEARLY	Y)						
PLAYER	R'S NAME	HOME ADDRESS CITY	& ZIP	DAY PHONE	WORK ADDRESS	WORK PHONE	E-MAIL ADDRESS	

PLAYER'S NAME	HOME ADDRESS, CITY & ZIP	DAY PHONE	WORK ADDRESS	WORK PHONE	E-MAIL ADDRESS

PLAYER'S NAME	HOME ADDRESS, CITY & ZIP	HOME PHONE	WORK ADDRESS	WORK PHONE	E-MAIL ADDRESS